

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2356

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		229	
d. FULL NAME OF HOSPITAL OR INSTITUTION 521 St. Joseph Street				d. STREET ADDRESS (If rural, give location) 521 St. Joseph Street			
3. NAME OF DECEASED (Type or Print) ANNA		a. (First) K		c. (Last) BESSELMAN		4. DATE OF DEATH (Month) (Day) (Year) January 21, 1951	
5. SEX F		6. COLOR OR RACE N		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D 2		8. DATE OF BIRTH May 7, 1895	
9. AGE (In years last birthday) 55		10. UNDER 1 YEAR Months Days		11. UNDER 100 HRS. Hours Mins.		9. AGE (In years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Germany 4	
12. CITIZEN OF WHAT COUNTRY?				13a. FATHER'S NAME Max Birachuk			
13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Geo. Dietrich				ADDRESS 4249a St. Louis Avenue			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis				INTERVAL BETWEEN ONSET AND DEATH 6 hours 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 231 X					
22. I hereby certify that I attended the deceased from Sept 14, 1951 , to Jan 21, 1951 , that I last saw the deceased alive on Jan 20, 1951 , and that death occurred at 3:30 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William F. Nash				23b. ADDRESS P.O. 21829 So. 18th St		23c. DATE SIGNED 1/22/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-24-51		24c. NAME OF CEMETERY OR CREMATORY New St. Marys		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. JAN 23 1951				REGISTRAR'S SIGNATURE J. B. Parson			
FURNERAL DIRECTOR'S SIGNATURE McLaughlin's				ADDRESS 2501 Lafayette Avenue			

Dr. Willard I. Nash, OD
18th & Geyer Avenues

9-10 R 226

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision.

Student Embalmer No.

Signed_____

N. G. Harris

Signed.....
Student Embalmer

Licensed Embalmer No. _____

3384

P. O. Address _____

St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact, should be so stated above.